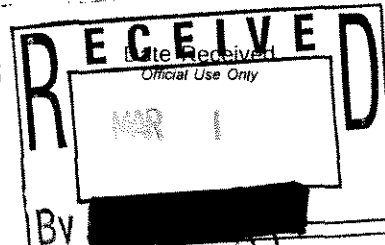


Please type or print in ink.

2010 MAR -1 PM 6:08



NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Hall, III	Isadore		[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
[REDACTED]			OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

California State Assembly

Division, Board, District, if applicable:

Your Position:

Assemblymember

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: _____

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

February 28, 2010

(Signature of filing official)

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Isadore Hall, III
--

► NAME OF SOURCE
Bass for Assembly
 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 08 / 09	\$ 72.51	Jacket
1 / 8/9 / 09	\$ 11.95	Breakfast & Lunch
1 / 26 / 09	\$ 59.55	Freshman Dinner

► NAME OF SOURCE
California Democratic Party
 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 08 / 09	\$ 73.27	Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
Ron Chatman & Staff of St. Timothy's Church & Scho
 ADDRESS (Business Address Acceptable)
1020 12th St., Suite 110, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 09 / 09	\$ 164.00	Edible arrangement
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
California Tribal Business Alliance
 ADDRESS (Business Address Acceptable)
1530 J Street, Suite 250
Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 14 / 09	\$ 88.77	Back to Session Bash
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
Senator Mark DeSaulner
 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 16 / 09	\$ 16.00	Bottle of Tamayo Wine
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
Natural Resource & Environmental Entities
 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 28 / 09	\$ 86.54	Reception
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Isadore Hall, III</u>

► NAME OF SOURCE
AES Pacific

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 28 / 09</u>	\$ <u>6.65</u>	<u>Welcome Reception</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
California Association of Winegrape Growers

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 28 / 09</u>	\$ <u>6.61</u>	<u>Welcome Reception</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Assemblymember Fiona Ma

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 3 / 09</u>	\$ <u>20.00</u>	<u>Ox Piggy Bank</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Healthcare/Life Sciences Entities

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 28 / 09</u>	\$ <u>216.88</u>	<u>Reception/Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Pfizer

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 28 / 09</u>	\$ <u>16.68</u>	<u>Biomed Rprt Event</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
PIFC-Michael Gunning

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 3 / 09</u>	\$ <u>9.82</u>	<u>Drinks</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Isadore Hall, III

► NAME OF SOURCE
Check Into Cash, Inc.
ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
22 / 23 / 09	\$ 35.87	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE
CA Highway Patrol
ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 2 / 09	\$ 23.00	Mug, pen, keychain, etc
/ /	\$	
/ /	\$	

► NAME OF SOURCE
California Rice Commission
ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 10 / 09	\$ 30.77	Gift Box
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Pacific Gas & Electric
ADDRESS (Business Address Acceptable)

1415 L Street, Suite 260

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 2 / 09	\$ 45.19	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE
California Poultry Federation
ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 3 / 09	\$ 192.14	Dinner & Bus transp.
/ /	\$	
/ /	\$	

► NAME OF SOURCE
California Citrus Mutual
ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 16 / 09	\$ 5.50	1-Carton of Oranges
3 / 17 / 09	\$ 10.00	1-Box of Oranges
/ /	\$	

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Isadore Hall, III
--

► NAME OF SOURCE
CA New Car Dealers Association
 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 24 / 09	\$ 36.82	Reception
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
Western Growers
 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 24 / 09	\$ 5.00	Fresh produce
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
CA Hospital Association
 ADDRESS (Business Address Acceptable)
1215 K Street, Suite 800, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 31 / 09	\$ 145.00	LA Kings Tickets
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
California Floral Industry
 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 24 / 09	\$ 20.00	Bouquet of Flowers
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
CA Women for Agriculture
 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 24 / 09	\$ 5.00	Bx wholesale oranges
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
MomsRising Org.
 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 31 / 09	\$ 2.00	Bag of candy
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Isadore Hall, III
--

► NAME OF SOURCE
CA Building Industry Association
 ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1200, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 15 / 09	\$ 33.07	Reception
4 / 15 / 09	\$ 93.75	Dinner
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
TechAmerica
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 13 / 09	\$ 10.00	Chocolate computer
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
Chukchansi Economic Development Authority
 ADDRESS (Business Address Acceptable)
46575 Road 417, Bldg. C, Coarsegold, CA 93614
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 28 / 09	\$ 184.50	Meal & Hotel accom.
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
Chabad of Sacramento
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 24 / 09	\$ 4.00	Box of Matzos
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
Fight Crime: Invest in Kids
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 28 / 09	\$ 50.00	Plaque
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
AT&T, Inc. & affiliates
 ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1800, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 7 / 09	\$ 330.69	1-Lakers Tckt/Refrshm
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Isadore Hall, III
--

► NAME OF SOURCE
Metropolitan Water District
 ADDRESS (Business Address Acceptable)
700 N. Alameda St., Los Angeles, CA 90012
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 7 / 09	\$ 147.63	Water Inspection Trip
/ /	\$	
/ /	\$	

► NAME OF SOURCE
CA Beer & Beverage Distributors
 ADDRESS (Business Address Acceptable)
1415 L Street, Suite 890, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 21 / 09	\$ 295.07	Lunch
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Abbott Laboratories
 ADDRESS (Business Address Acceptable)
1127 11th St., Suite 550, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 11 / 09	\$ 36.20	Meal
11 / 16 / 09	\$ 135.06	Meal
/ /	\$	

► NAME OF SOURCE
Consumer Attorneys of California
 ADDRESS (Business Address Acceptable)
770 L Street, Suite 1200, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 18 / 09	\$ 91.75	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE
CA Coalition for Youth
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 30 / 09	\$ 5.00	Coffee mug, light bulb
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Southern California Edison
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 17 / 09	\$ 16.50	Holiday ornament
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Isadore Hall, III

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE California Independent Voter Project
ADDRESS (Business Address Acceptable) 2350 Kerner Blvd., Suite 250
CITY AND STATE San Rafael, CA 94901
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 11 / 15 / 09 - 11 / 19 / 09 AMT: \$ 501.20 (If applicable)
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: AirFare to Hawaii for Business & Leadership Conference

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION:

Comments: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

10 MAR 23 AM 9:17

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RECEIVED

SCHEDULE D
Income - Gifts

MAR 18 2010

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

BY: [REDACTED]

► NAME OF SOURCE

Cigar Association of America

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Tobacco

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

6 / 17 / 09 \$ 100.00 Dinner

6 / 17 / 09 \$ 60.00 Cigar Caucus

____ / ____ / ____ \$ _____

► NAME OF SOURCE

California Assoc of Wine Grape Growers

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Beer & Wine

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

1 / 28 / 09 \$ 87.00 Dinner

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

► NAME OF SOURCE

California Construction Industrial Materials Associatio

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Manufacturing

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

1 / 28 / 09 \$ 87.00 Dinner & Reception

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

► NAME OF SOURCE

CA Council for Environment & Economic Balance

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Environment

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

1 / 28 / 09 \$ 57.00 Dinner

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

Verification

Print Name Isadore Hall, III

Office, Agency
or Court California State Assembly

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ _____ Annual ☐ Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 12, 2010
(month/day/year)

Signature [REDACTED]

Comments: _____

RECEIVED

APR 20 2010

BY: [REDACTED]

SCHEDULE D
Income + Gifts: 54

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE
Fight Crime: Invest in Kids

ADDRESS (Business Address Acceptable)
211 Sutter St., Ste 401, San Francisco, CA 94108

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Anti-Crime advocates

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 28 / 09</u>	<u>\$ 50.00</u>	<u>Plaque</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
AT&T, Inc. & Affiliates

ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1800, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public utility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 7 / 09</u>	<u>\$ 330.69</u>	<u>LA Lakers Tickets/Refr</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Metropolitan Water District

ADDRESS (Business Address Acceptable)
700 N. Alameda St., Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Utility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 7 / 09</u>	<u>\$ 147.63</u>	<u>Water Inspection trip</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Consumer Attorneys of California

ADDRESS (Business Address Acceptable)
770 L Street, Ste 1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 18 / 09</u>	<u>\$ 91.75</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
California Beer & Beverage Distributors

ADDRESS (Business Address Acceptable)
1415 L Street, Ste 890, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Beer & Wine

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 21 / 09</u>	<u>\$ 295.07</u>	<u>Luncheon</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Verification

Print Name Isadore Hall, III

Office, Agency or Court California State Assembly

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ (yr) Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 13, 2010

Signature [REDACTED]

Comments: NOTE: This amends 700 filing Schedule D dated 2/28/10, to add type and/or address for businesses

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
10 APR 21 PM 3:54

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE
California Coalition for Youth
ADDRESS (Business Address Acceptable)
P. O. Box 161448, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Youth advocates

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 30 / 09</u>	<u>\$ 5.00</u>	<u>Coffee mug, light bulb</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Southern California Edison
ADDRESS (Business Address Acceptable)
2244 Walnut Grove Ave., Rosemead, CA 91770
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Utility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 17 / 09</u>	<u>\$ 16.50</u>	<u>Holiday ornament</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
California Women for Agriculture
ADDRESS (Business Address Acceptable)
P.O. Box 249, Durham, CA 95938
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture advocates

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 24 / 09</u>	<u>\$ 10.00</u>	<u>Box of oranges</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Abbott Laboratories
ADDRESS (Business Address Acceptable)
1127 11th St., Suite 550, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pharmaceuticals

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 11 / 09</u>	<u>\$ 36.20</u>	<u>Meal</u>
<u>11 / 16 / 09</u>	<u>\$ 135.06</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Chukchansi Economic Development Authority
ADDRESS (Business Address Acceptable)
46575 Road 417, Bldg. C, Coarsegold, CA 93614
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Indian Affairs/Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 28 / 09</u>	<u>\$ 184.50</u>	<u>Meal/Hotel accommod</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Verification

Print Name Isadore Hall, III
Office, Agency or Court California State Assembly

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ (yr) Annual ☐ Candidate

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 13, 2010

Signature 

Comments: NOTE: This amends 700 filing, Schedule D filing dated 2/28/10, to add type of business and/or address

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
10 APR 21 PM 3:55

SCHEDULE D
Income - Gifts

► NAME OF SOURCE
AES Pacific

ADDRESS (Business Address Acceptable)
690 N. Studebaker Rd., L.B., CA 90803

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Electrical power

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 28 / 09</u>	<u>\$ 6.65</u>	<u>Welcome Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Pfizer

ADDRESS (Business Address Acceptable)
1201 K Street, Ste 1010, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pharmaceutical

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 28 / 09</u>	<u>\$ 16.68</u>	<u>Biomed Report Event</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
PIFC-Michael Gunning

ADDRESS (Business Address Acceptable)
1201 K Street, Ste 1220, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 3 / 09</u>	<u>\$ 9.82</u>	<u>Drinks</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Check Into Cash, Inc.

ADDRESS (Business Address Acceptable)
515 King St., Ste 300, Alexandria, VA 22314

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Check cashing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 23 / 09</u>	<u>\$ 35.87</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
MomsRising.Org

ADDRESS (Business Address Acceptable)
12011 Belred Rd., Ste 100, Belview, WA 98005

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Family advocates

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 31 / 09</u>	<u>\$ 2.00</u>	<u>Bag of candy</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Verification

Print Name Isadore Hall, III

Office, Agency or Court California State Assembly

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ Annual ☐ Candidate

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Date Signed

Signature

Comments: NOTE: This amends 700 filing dated 2/28/10, to add type of business and/or business addresses.

RELAYED
FAIR POLITICAL
PRACTICES COMMISSION
SCHEDULE D
Income - Gifts
10 APR 21 PM 3:55

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE
Healthcare/Life Sciences Entities
ADDRESS (Business Address Acceptable)
1020 Prospect St., Suite 310, LaJolla, CA 92037
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 28 / 09</u>	<u>\$ 216.88</u>	<u>Reception/Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
AssemblyMember Fiona Ma
ADDRESS (Business Address Acceptable)
State Capitol, Rm 3091, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 3 / 09</u>	<u>\$ 20.00</u>	<u>Ox Piggy Bank</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
CA Highway Patrol
ADDRESS (Business Address Acceptable)
601 N. 7th St., Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Enforcement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 2 / 09</u>	<u>\$ 23.00</u>	<u>Mug,pen,keychair</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
California Association of Winegrape Growers
ADDRESS (Business Address Acceptable)
1325 J Street, Suite 1560, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Beer & Wine

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 28 / 09</u>	<u>\$ 6.61</u>	<u>Welcome Reception</u>
<u>4 / 28 / 09</u>	<u>\$ 67.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Pacific Gas & Electric
ADDRESS (Business Address Acceptable)
1415 L Street, Suite 260, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Power/Electricity

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 2 / 09</u>	<u>\$ 45.19</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Verification

Print Name Isadore Hall, III

Office, Agency or Court California State Assembly

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ Annual ☐ Candidate
(yr)

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Date Signed April 13, 2010
(month, day, year)

Signature _____

Comments: NOTE: This amends 700 Filing dated 2/28/10, to add type of business and/or business addresses

Page 4 of 7

10 APR 21 PM 3:55

SCHEDULE D

Income - Gifts

AMENDMENT

► NAME OF SOURCE
Karen Bass For Assembly

ADDRESS (Business Address Acceptable)
777 S. Figueroa St., Suite 4050, L.A., CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 08 / 09</u>	<u>\$ 72.51</u>	<u>Jacket</u>
<u>1 / 08 / 09</u>	<u>\$ 11.95</u>	<u>Breakfast & Lunch</u>
<u>1 / 26 / 09</u>	<u>\$ 59.55</u>	<u>Freshman Leg. Dinner</u>

► NAME OF SOURCE
Ron Chatman, St. Timothy's Church & School

ADDRESS (Business Address Acceptable)
1020 12th St., Suite 110, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Religious

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 09 / 09</u>	<u>\$ 164.00</u>	<u>Edible Arrangement</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
Senator Mark DeSaulner

ADDRESS (Business Address Acceptable)
State Capitol, Room 2054, Sacramento, CA 94248

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 16 / 09</u>	<u>\$ 16.00</u>	<u>Bottle of Tamayo Wine</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
California Democratic Party

ADDRESS (Business Address Acceptable)
1401 21st St., Suite 200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 08 / 09</u>	<u>\$ 73.27</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
California Tribal Business Alliance

ADDRESS (Business Address Acceptable)
1530 "J" Street, Suite 250, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Indian Affairs/Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 14 / 09</u>	<u>\$ 88.77</u>	<u>Back to session Bash</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Verification

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Office, Agency or Court California State Assembly

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(month, day, year)

Signature _____

Comments: This Amends 700 Filing dated 2/28/10; adding type of business and/or business address only!

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
10 APR 21 PM 3:55

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE
California Poultry Federation
ADDRESS (Business Address Acceptable)
4640 Spyres Way, Ste 4, Modesto, CA 95356
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 3 / 09</u>	<u>\$ 192.14</u>	<u>Dinner & Bus transp.</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
California Citrus Mutual
ADDRESS (Business Address Acceptable)
512 N. Kaweah Ave., Exeter, CA 93221
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Citrus Growers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 16 / 09</u>	<u>\$ 5.50</u>	<u>Carton of oranges</u>
<u>3 / 17 / 09</u>	<u>\$ 10.00</u>	<u>Box of oranges</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
California Floral Industry
ADDRESS (Business Address Acceptable)
1521 I Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 24 / 09</u>	<u>\$ 20.00</u>	<u>Bouquet of flowers</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
California Rice Commission
ADDRESS (Business Address Acceptable)
475 N. Palora Ave., Yuba City, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 10 / 09</u>	<u>\$ 30.77</u>	<u>Gift Box</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
CA New Car Dealers Association
ADDRESS (Business Address Acceptable)
1415 L Street, Ste 70, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retail/Sales

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 24 / 09</u>	<u>\$ 36.82</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Verification

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Office, Agency or Court California State Assembly

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Signature _____

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Page 6 of 7

► NAME OF SOURCE
Western Growers
 ADDRESS (Business Address Acceptable)
1729 Tully Rd., Ste #1, Modesto, CA 95350
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 24 / 09</u>	<u>\$ 5.00</u>	<u>Fresh produce</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
California Building Industry Association
 ADDRESS (Business Address Acceptable)
1215 K Street, Ste 1200, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 15 / 09</u>	<u>\$ 126.82</u>	<u>Reception & Dinner</u>
<u>7 / 28 / 09</u>	<u>\$ 184.50</u>	<u>Meal & Hotel accom.</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
TechAmerica
 ADDRESS (Business Address Acceptable)
1215 K Street, Ste 2140, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 13 / 09</u>	<u>\$ 10.00</u>	<u>Chocolate computer</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
California Hospital Association
 ADDRESS (Business Address Acceptable)
1215 K Street, Ste 800, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 31 / 09</u>	<u>\$ 145.00</u>	<u>LA Kings Tickets</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Chabad of Sacramento
 ADDRESS (Business Address Acceptable)
945 Evelyn Lane, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Religious

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 24 / 09</u>	<u>\$ 4.00</u>	<u>Box of Matzos</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Verification

Print Name Isadore Hall, III
 Office, Agency or Court California State Assembly
 Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ Annual ☐ Candidate
 (yr)
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 Date Signed April 13, 2010
 (month, day, year)
 Signature _____

Comments: NOTE: Thos amends 700 filing dated 2/28/10, to add type of business and/or business addresses.

RECEIVED

MAY 19 2010

BY: [REDACTED]

CL

SCHEDULE E

Income - Gifts

Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

NAME OF SOURCE

California Independent Voter Project

ADDRESS (Business Address Acceptable)

2350 Kerner Blvd., Suite 250

CITY AND STATE

San Rafael, CA 94901

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 11/15/09 - 11/19/09 AMT: \$ 501.20
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Airfare to Hawaii for Business &
Leadership Conference - participated as
panelist at conference

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

Verification

Print Name Isadore Hall, III

Office, Agency
or Court Assemblymember, District 52

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ ____ Annual ☐ Candidate
(yr)

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Date Signed 5/13/2010

Signature [REDACTED]

Comments: Amendment clarifies that gift of travel was in connection with a speech. Pursuant to Gov't Code sections 89503 and 89506, gift limits do not apply.